

THE KULMASA STORY; 3YEARS ON.....

On 1st October 2020, two Medical Mission Sisters; Jane Frances Suglo and Rita Amponsaa-Owusu arrived in Kulmasa in the company of all the sisters in the Unit to begin our 'New Mission' in Kulmasa. In the first year, we stayed with and among the people, visiting them, listening to their stories, just being there. The dream of the New Mission slowly came to life as four pillars of the mission were identified; Public Health, a Family clinic, Women Empowerment (and Youth Development especially of the girl child) and an Eco Farm Project.

A year later on 1st October 2021, the first of the staff of the Public Health Project and the Eco Farm Project reported and the Women Empowerment Project also began with soap making. Kulmasa being a deprived area, it was quite difficult to attract professional health staff to join the team. Some came, saw the realities on the ground and left. We were happy that some stayed. The past three years have been exciting with many new learnings, encountering many different stakeholders and allowing the realities on the ground to shape the future of the mission.

Community:

The community of two sisters has grown from two to five!: Jane Frances Suglo, Florence Naamwanuru, Lydia Azaaba, Joana Tumwebaze and Rita Amponsaa-Owusu.

From the old catechist house where the sisters initially settled, they have been blessed by the generous donation of some dioceses and institutions in Germany with a beautiful house. This was blessed on 20th December 2022 and the sisters immediately moved in. The sisters are now closer to the project and are very thankful.

Eco Farm:

The Eco farm began as a small demonstration farm to experiment with different vegetables and crops and soil conditions and to see what is economically viable in the area using minimum external inputs. It started with three permanent staff and now five permanent staff. It has been difficult trying to improve very poor soil conditions. But after two years, we begin to see improvements and the scale up dreamt of is now possible as we begin to extend the farm beyond the demonstration space. Different vegetables have been cultivated in the past two years; tomatoes, onions, cabbage, green pepper, hot pepper, lettuce, garden eggs, carrots, okro and local leafy vegetables. Fruit crops have been planted and doing well; coconut, oranges, cashew and mangoes. Maize and groundnuts are also cultivated to support the weanimix project. Weanimix is a food supplement made of roasted corn, groundnuts and soya beans. The weanimix is used as a food supplement to run an extensive Nutrition project as part of the Public health project. We are happy that the various pillars of the Kulmasa Mission support one another. This year, we have scaled up the farm with about two acres of drip irrigation and a shade house. The acquisition of a tractor and accessories has helped to extend the farm and also to plough the farm of locals in a timely manner. We look forward to adding a poultry of layers primarily for eggs to boost nutrition but more especially for the poultry droppings to fertilize the soil instead of relying on artificial external inputs. We have had a good year with good harvest of groundnuts and vegetables. We look forward to a fruitful dry season as the rains slowly end.

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Women Empowerment:

The Women Empowerment Project aimed at giving women an extra family income, giving them the opportunity to acquire new skill sets, basic book keeping skills and health promotion and education also continues. Sister Jane Frances Suglo coordinates the women project and the soap making which began in 2021 is still ongoing. It is flexible and sees peak seasons and off seasons depending on the availability of the women as they especially are unavailable during the farming season. In the next weeks and months, we intend to start bread baking as the supply of bread to the area is from neighbouring regional capital Wa which is about 50km away. The Public Health Team every now and then engages the women on various topics of health particularly important for women.

Public Health & Family Clinic

The Kulmasa project health component/pillar which was designed and began as a small, modest public health project with a small team of eight staff has grown to a staff capacity of twenty-two!

This expansion became necessary due to the great demand for healthcare provided by our team. The Public Health Office, which in the long term is expected to be used as a relative hostel with priority for high-risk pregnant mothers, has now evolved into a mini clinic, providing different services to the people of Kulmasa and its environs.

As originally planned, the Public Health (PH) team used to plan all their activities out of the facility. They carried out: home visits; routine and special ones for follow up; and they organized community durbars, health screening, child welfare clinics, mobile clinics, among others. Motor bikes which donors have generously provided facilitates the movement of team members especially for home visits and engagements with community leaders and health volunteers.

With time, people began to move on their own from their communities and homes and actively seek healthcare on our site. It was very disappointing for many to come to the facility and to be turned away because we were not adequately resourced to attend to them. The PH team was obliged to sit and discuss the way forward. Were we achieving anything if the very people whose health seeking behaviours we are trying to change come to us and we turn them away? This was counter-productive to our own work. The team unanimously agreed that it was time to run some form of Out Patient Department (OPD) services. We piloted this a bit at the end of 2022 and decided to see how to run the new service in 2023.

However, this meant that we had to make a lot of adjustments and adaptations in order to position ourselves to provide quality-secured safe care to our clients. For example, our two midwives go to great lengths to educate and persuade pregnant women to attend regular antenatal care clinic. When they eventually come, they are still disappointed to be referred for basic laboratory and ultrasound scan services. The same old problems! In order to meet them midway, we sought funding for an ultrasound machine and have trained our two midwives how to use it. Currently, we do get referrals from other facilities for pregnant women to have their scans taken by us.

In between, we had to attend to emergency cases including road traffic accident victims, asthmatic patients and epileptic patients having attacks, snake bite cases and hypo glycaemia

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among others. This meant that, we needed to temporarily detain clients and stabilize them before we could even refer them.

As it was already foreseen, the PH pick-up vehicle sometimes works as our ad-hoc ambulance. It is used to transfer clients in critical situations, when no other options are available. A couple of weeks ago, a young pregnant girl came to us in an emergency state of threatened abortion and per the assessment of the midwives, she was referred to the regional hospital in Wa about 50km away. Just at our own main gate, the baby was born... so tiny and struggling for life, our pick-up was immediately released to transfer the baby to the regional hospital, but midway in the journey, I was called that the baby had died. It was a sad day for all of us.

OPD numbers have been increasing gradually. By 31st October, we had seen over eight thousand patients at our OPD and mobile clinics since October 2021. We have reached out and continue to give care and support to 113 children living with disabilities. Our team has reached 2107 households with health education and over 1400 women with newborns have been reached and attended to. Over 700 pregnant women have been given care, with about 50 high risk pregnancy being identified and appropriately referred for care. Staff are overstretched, resources have run low and, as the PH office was not intended for use as a clinic, there are many inconveniences. We wish to provide quality care in more appropriate surroundings.

Current state after adaptations:

- The Public Health Office/building had three offices, a kitchen, a meeting/conference room, a store and a garage. The three offices were for the Public Health team, the Administrator and the Accountant; .
- The Public Health Office is now serving as the OPD consulting room. From this room, basic lab tests like for malaria, typhoid, HB and Blood sugar levels are done. Also dispensing of medicines after prescription is done from this same room. Simply put, this room is now the consulting room, laboratory and pharmacy. It has been fitted with an X-ray viewer, has an examination couch, a cabinet for medicine storage and color-coded waste bins, as well as weighing scale with height rod and other minor equipment;
- The Administrator's office is now the Ante-Natal Clinic (ANC) where the midwives attend to all the pregnant women. It is home to the ultrasound machine and its accessories and has a sonogram bed and a climbing stool for the pregnant women to get on the sonogram bed. There is a medication trolley, bins and a cabinet for consumables;
- The Accountant's office is now the detain/admission room where treatment, like injections, suturing, dressing of wounds, are done. People who need IV medications are also given. As we do not have staffing to run 24hours, we only detain cases within our working hours;
- The store now keeps all supplies and, in a corner of it, is the Administrator's office;
- The Accountant has moved to the meeting room and shares a workstation with the Administrative Manager, the Health Information Officer and the Stores Manager. We procured a 12-locker cabinet to serve as our medical records container. All other things go on in the meeting room: staff meetings, daily debriefings, stakeholder trainings (including Community Health Volunteers). It is overcrowded and squeezed to fullest capacity at the moment;

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- The kitchen houses all cooking items and utensils and weanimix preparation items. It is also home to an improvised vaccine fridge (a normal refrigerator fitted with a thermometer);
- Everything else is packed into the garage which is equally overcrowded; motor bikes (4), a tricycle, weanimix mill, farm produce, mobile canopies, patient chairs, veronica buckets etc.;
- The corridor used to serve as the patient waiting area, but it turned chaotic, as the numbers increased. There was no privacy during consultation because other clients sat behind the window and could hear whatever went on in the consulting room. We have built an OPD canopy where clients can sit and wait their turn. Nurses also take patient history and vital signs from there;
- In one of the unused bathrooms, we have fixed an autoclave to sterilize medical instruments; and
- In the second unused bathroom is the Orderly's space, where he stores all cleaning mops and buckets as well as disinfectants, brooms and other cleaning items.

Gratitude:

We are grateful for all the help we have received from you our dear sisters, partners, donors and friends.

Thank you for providing the support which makes it possible for us as sisters and our team to be able to be present to the people of Kulmasa and its environs in many ways.

Next steps:

We look forward to the construction of the family clinic itself pending the availability of funds.

A first phase of the clinic, which includes a labour and maternity ward, antenatal care (ANC) consulting room, two other OPD consulting rooms, x-ray unit, ultrasound unit, very comprehensive laboratory and pharmacy units will be built and equipped, run on solar power and supported with other ancillary facilities, like a service building, incinerator and appropriate source and storage of treated water for operations.

Conclusion

We are very excited at the thought of being able to extend our much needed, quality healthcare services in the near future and, through investing in public health in and around Kulmasa, thank you once again for helping us to move in this new direction.

Sr. Rita Amponsaa-Owusu

(Project Manager)